U.S. Department of Lation Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved
Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/2004 Through: 12/31/2004

. Name and address of person filing.	Name, file number, and address of labor organization.
Name Louis P. Zogais	Name DIRECTORS GUILD OF AMERICA
	Labor Organization File Number 0000 / 8
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, If any
street 7900 SUNSET BLVD.	Street 7920 SUNSET BLVD.
City Los ANGELES	City Los Angeles
State CA ZIP Code + 4 900 4	6 State CA ZIP Code + 4 9 004 6
Position in labor organization. ASSISTANT EXECU	TIVE DIRECTOR
	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions):
. Held an interest in, engaged in transactions (including loans) tonetary value from an employer whose employees your org	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
lame PANAMONT PILTURES	Louch metting with Low shore
	Louch neuring with Low Shore LABON RELATIONS 13-22-04
rade Name, if any:	LABON RELATIONS 12-22-04
P.O. Box, Bldg., Room No., if any	LABOR RELATIONS
Frade Name, if any: P.O. Box, Bldg., Room No., if any Street 5555 MELASE AVE	12-22-04 7.b. Amount. \$25-\$40 ON 4-4-05 AT DGA'S EXPENSE,
P.O. Box, Bldg., Room No., if any Street 5555 MELAGIE AVE	12-22-04 7.b. Amount. \$\frac{1}{2}5-\frac{1}{2}40 ON 4-4-05 AT DUA'S EXPENSE, I has a limely meeting of Low Shore
Frade Name, if any: P.O. Box, Bldg., Room No., if any Street 5555 MELASSE AVE. City Hollywood,	LABOR RELATIONS 12-22-04 7.b. Amount \$25-\$40 ON 4-4-05 AT DUA'S EXPENSE, I has a lineh meeting w/ Low shore 3197
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5555 MELASE AVE. City Hellywood,	12-22-04 7.b. Amount. \$\frac{1}{2}5-\frac{1}{2}40 ON 4-4-05 AT DGA'S EXPENSE, I has a limely meeting of low shore
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5555 MELAGE AVE. City Hollywoob, State CA ZIP Code + 4 9 0038-	2. ASM ACCATIONS 13-32-04 7.b. Amount. \$\frac{1}{2}5-\frac{1}{2}40 ON 4-4-05 AT \(\text{D} \text{CA'S} \) EXPENSE, \$\text{I 43 A Linch meetings w/ Lov Shane} 1. Ash A Linch meetings w/ Lov Shane 1. Signature Signature The enalty of Perjury and other applicable penalties of the law, that all of the information accompanying documents), has been examined by the signatory and is, to the best of the eet the section on penalties in the instructions.)
City Hollywob, State CA ZIP Code + 4 9 0038- 15. Signature and verification. The undersigned declares, under p submitted in this report (including the information contained in any ac	2. ABM ACLATIONS 13-32-04 7.b. Amount. \$\frac{1}{35} - \frac{1}{3} 40 0N 4-4-05 AT \$\frac{1}{35} \in \frac{1}{3} \in